

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: DAYBREAK INC WAUPUN (110539)

Address: 631 S MADISON ST, WAUPUN, WI 53963

License Status: REGULAR

Licensed/Certified/Registered 01/01/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095918 **End Date:** 11/15/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090928 **End Date:** 09/02/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007855 Served 09/11/2003

Deficiencies Cited

83.19(3)(e)

83.32(2)(c)1

Subject Area

WHEN POLICE ARE CALLED TO FACILITY

ANNUAL EVALUATION-PARTICIPATION

Compliance

Verified

11/15/2005

11/15/2005

Corrected

Yes

Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Complaint History

Date Complaint Received: 06/03/2003

Date Investigation Completed: 09/03/2003

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

10007855

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.